

Submit Negative Report

The following information was submitted

Facility: Santa Ana PD (CA0301900)

Year: 2013

Month: January

Submitted By: Det. Leo Rodriguez #2408

Phone Number: (714)245-8349

Submit Negative Report

The following information was submitted

Facility: Santa Ana PD (CA0301900)

Year: 2013

Month: February

Submitted By: Det. Leo Rodriguez #2408

Phone Number: (714)245-8349

Submit Negative Report

The following information was submitted

Facility: Santa Ana PD (CA0301900)

Year: 2013

Month: March

Submitted By: Det. Leo Rodriguez #2408

Phone Number: (714)245-8349

Submit Negative Report

The following information was submitted

Facility: Santa Ana PD (CA0301900)

Year: 2013

Month: April

Submitted By: Det. Leo Rodriguez #2408

Phone Number: (714)245-8349

Submit Negative Report

The following information was submitted

Facility: Santa Ana PD (CA0301900)

Year: 2013

Month: May

Submitted By: Det. Leo Rodriguez #2408

Phone Number: (714)245-8349

Submit Negative Report

The following information was submitted

Facility: Santa Ana PD (CA0301900)

Year: 2013

Month: June

Submitted By: Det. Leo Rodriguez #2408

Phone Number: (714)245-8349

Submit Negative Report

The following information was submitted

Facility: Santa Ana PD (CA0301900)

Year: 2013

Month: July

Submitted By: Det. Leo Rodriguez #2408

Phone Number: (714)245-8349

Submit Negative Report

The following information was submitted

Facility: Santa Ana PD (CA0301900)

Year: 2013

Month: August

Submitted By: Det. Leo Rodriguez #2408

Phone Number: (714)245-8349



HATE CRIME EVENT REPORT

PLEASE RETURN COMPLETED FORM TO:

California Department of Justice
Criminal Justice Statistics Center
P.O. Box 903427
Sacramento, CA 94203-4270
Or facsimile (916) 227-3561

1. HATE CRIME EVENT INFORMATION

Agency Name: Santa Ana Police Department ORI: CA0301900
Preparer's Name: Det. Leo Rodriguez #2408 Phone Number: (714) 245-8349
Crime Case Number: 13-25391
Occurrence Date: 09-10-13 Time: 1700 hrs.

2. TYPE OF OFFENSIVE ACT (select one)

<input type="checkbox"/> Annoying Telephone Calls/Facsimiles	<input type="checkbox"/> Disturbing Public Assembly/Meeting	<input type="checkbox"/> Threatening Letters/Fliers/E-Mails
<input type="checkbox"/> Bombing	<input type="checkbox"/> Explosion	<input type="checkbox"/> Verbal Slurs
<input type="checkbox"/> Cross Burning	<input type="checkbox"/> Graffiti	<input checked="" type="checkbox"/> Other: Specify <u>Battery</u>
<input type="checkbox"/> Damage to Vehicle	<input type="checkbox"/> Hanging in Effigy	<input type="checkbox"/> Unknown
<input type="checkbox"/> Daubing of Swastika	<input type="checkbox"/> Rock Throwing	

3. WEAPON TYPE (select one if a weapon was involved)

<input type="checkbox"/> Arson, Fire	<input type="checkbox"/> Other Gun (pellet, BB gun, stun gun, etc.)	<input type="checkbox"/> Shotgun
<input type="checkbox"/> Blunt Object (bludgeon, club, etc.)	<input checked="" type="checkbox"/> Personal Weapons (hands, feet, teeth, etc.)	<input type="checkbox"/> Vehicle
<input type="checkbox"/> Firearm (unknown type)	<input type="checkbox"/> Poison	<input type="checkbox"/> Other (bottle, rocks, etc.)
<input type="checkbox"/> Handgun	<input type="checkbox"/> Rifle	<input type="checkbox"/> Unknown
<input type="checkbox"/> Knife or Other Cutting/Stabbing Instrument	<input type="checkbox"/> Ropes/Garrote Strangulation/Hanging	

4. LOCATION (select one)

<input type="checkbox"/> Abandoned/Condemned Structure	<input type="checkbox"/> Department/Discount Store	<input type="checkbox"/> Parking Lot/Garage/Drop Lot
<input type="checkbox"/> Air/Bus/Train Terminal	<input type="checkbox"/> Dock/Wharf/Freight/Modal Terminal	<input type="checkbox"/> Park/Playground
<input type="checkbox"/> Amusement Park	<input type="checkbox"/> Drug Store/Doctor's Office/Hospital	<input type="checkbox"/> Rental Storage Facility
<input type="checkbox"/> Arena/Stadium/Fairgrounds/Coliseum	<input type="checkbox"/> Farm Facility	<input type="checkbox"/> Residence/Home/Driveway
<input type="checkbox"/> ATM Separate from Bank	<input type="checkbox"/> Field/Woods	<input type="checkbox"/> Rest Area
<input type="checkbox"/> Auto Dealership New/Used	<input type="checkbox"/> Gambling Facility/Casino/Race Track	<input type="checkbox"/> Restaurant
<input type="checkbox"/> Bank/Savings Loan	<input type="checkbox"/> Government/Public Building	<input type="checkbox"/> School - College/University
<input type="checkbox"/> Bar/Night Club	<input type="checkbox"/> Grocery/Supermarket	<input type="checkbox"/> School - Elementary/Secondary
<input type="checkbox"/> Camp/Campground	<input type="checkbox"/> Highway/Road/Alley/Street/Sidewalk	<input checked="" type="checkbox"/> Service/Gas Station
<input type="checkbox"/> Church/Synagogue/Temple/Center/Mosque	<input type="checkbox"/> Hotel/Motel, etc.	<input type="checkbox"/> Shelter - Mission/Homeless
<input type="checkbox"/> Commercial/Office Building/Theater	<input type="checkbox"/> Industrial Site	<input type="checkbox"/> Shopping Mall
<input type="checkbox"/> Construction Site	<input type="checkbox"/> Jail/Prison/Penitentiary/Correction Facility	<input type="checkbox"/> Specialty Store (TV, fur, etc.)
<input type="checkbox"/> Convenience Store	<input type="checkbox"/> Lake/Waterway/Beach	<input type="checkbox"/> Tribal Lands
<input type="checkbox"/> Daycare Facility	<input type="checkbox"/> Liquor Store	<input type="checkbox"/> Other/Unknown
	<input type="checkbox"/> Military Installation	

5. TOTAL NUMBER OF VICTIMS (Person, Business, etc.)

00001



HATE CRIME EVENT REPORT

Agency Name: Santa Ana Police Department Crime Case # 13-25391 ORI: CAO301900

6. TYPE OF CRIME (enter most serious offense first)

UCR Code	Statute Code Section*	Bias Motivation(s)** (5 total, 1 per UCR Code)	No. of Victims	No. of Victims by Assoc.	Victim Type	Victim/Suspect Relationship
#1 09	CPC 422.6	41	1		I	Stranger
#2						
#3						
#4						
#5						

*Enter the Statute Code from the crime report.

**Up to five total bias motivations, but only one for each unique UCR code listed

UCR CODES	VICTIM TYPE CODES		
01 Murder	05 Burglary	09 Simple Assault	B - Business
02 Forcible Rape	06 Larceny - Theft	10 Intimidation	F - Financial Institution
03 Robbery	07 Motor Vehicle Theft	11 Destruction/Damage/Vandalism	G - Government
04 Aggravated Assault	08 Arson		I - Person
			R - Religious Organization
			O - Other
BIAS MOTIVATION			
Race/Ethnicity/National Origin	Religious	Sexual Orientation	Gender
11 Anti-White	21 Anti-Jewish	41 Anti-Male Homosexual (Gay)	62 Anti-Male
12 Anti-Black	22 Anti-Catholic	42 Anti-Female Homosexual (Lesbian)	63 Anti-Female
13 Anti-American Indian/Alaskan Native	23 Anti-Protestant	43 Anti-Homosexual (Gay & Lesbian)	64 Anti-Transgender
14 Anti-Asian/Pacific Islander	24 Anti-Islamic (Muslim)	44 Anti-Heterosexual	
15 Anti-Multiple Races, Group	25 Anti-Other Religion	45 Anti-Bisexual	
31 Anti-Arab	26 Anti-Multiple Religious Groups		Disability
32 Anti-Hispanic	27 Anti-Atheism/Agnosticism/etc.		51 Anti-Physical Disability
33 Anti-Other Ethnicity/National Origin			52 Anti-Mental Disability
99 Anti-Citizenship Status			
VICTIM/SUSPECT RELATIONSHIP			
If Victim Type is I - Person, select from the following Victim/Suspect Relationship Codes:			
Acquaintance	Friend	Is Employee	Stranger
Boyfriend/Ex-Boyfriend	Girlfriend/Ex-Girlfriend	Is Employer	School/Classmate
Child	Homosexual Relationship	Known to Victim	Wife/Ex-Wife
Family Member	Husband/Ex-Husband	Knows Victim	Unknown
If Victim Type is B - Business, F - Financial, or G - Government, select from the following Victim/Suspect Relationship Codes:			
Currently Employs	Has Customer	No Known Relationship To	
Formerly Employed	Is Employer	Owned By	
If Victim Type is O - Other or R - Religious Organization, select from the following Victim/Suspect Relationship Codes:			
Associated	Has Gang Member	Does Not Know	

7. PERSON VICTIM TYPE (complete this section only if the victim type is "I - Person")

Total Number of Person Victims:	1	RACE CODES
Race	Gender	
#1 Hispanic	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	DOB (MM/DD/YYYY) 10-20-1982
#2	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	
#3	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	
#4	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	
#5	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	
A - Other Asian	L - Laotian	
B - Black	O - Other	
C - Chinese	P - Pacific Islander	
D - Cambodian	S - Samoan	
F - Filipino	U - Hawaiian	
G - Guamanian	V - Vietnamese	
H - Hispanic	W - White	
I - American Indian	Z - Asian Indian	
J - Japanese	X - Unknown	
K - Korean		

8. SUSPECT INFORMATION

Suspect's Race as a Group (select one):			
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Black	<input checked="" type="checkbox"/> Hispanic	<input type="checkbox"/> White
<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> East Indian/Asian Indian	<input type="checkbox"/> Multiple Races Group	<input type="checkbox"/> Unknown
Total Number of Suspects: 1			
Race	Gender	DOB (MM/DD/YYYY)	
#1 Hispanic	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	Unknown	
#2	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown		
#3	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown		
#4	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown		
#5	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown		

Submit Negative Report

The following information was submitted

Facility: Santa Ana PD (CA0301900)

Year: 2013

Month: October

Submitted By: Det. Leo Rodriguez #2408

Phone Number: (714)245-8349

Submit Negative Report

The following information was submitted

Facility: Santa Ana PD (CA0301900)

Year: 2013

Month: November

Submitted By: Det. Leo Rodriguez #2408

Phone Number: (714)245-8349

Submit Negative Report

The following information was submitted

Facility: Santa Ana PD (CA0301900)

Year: 2013

Month: December

Submitted By: Det. Leo Rodriguez #2408

Phone Number: (714)245-8349
